

2020



**Guidance for the
Establishment of Child Care and
School Age Services During the
COVID-19 Pandemic**



WELCOME

This document has been a collaborative effort by programs and experts working in the school-age child care field, and as such represents best practices identified by the collaborators as of April, 2020. It is important that anyone using this information acknowledges that they must use their own judgment in implementing this advice and the organizations and individuals who participated in the collecting of this advice expressly disclaim any and all liability for its implementation by the user.

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Introduction

Background and Rationale

Child care and youth development professionals join together with our families who are providing essential services during this time of crisis to help combat this deadly virus. We know that together we will get through this national emergency. The guidance below has been developed in an effort to make child care and after school operations as safe as possible by limiting exposure and social interaction. This guidance will likely change, as we are learning more about this deadly virus with each passing day.

We recognize that these are unprecedented times. As the United States responds to the coronavirus pandemic, we recognize the unique role and contributions that child care providers and after school programs play throughout the United States.

Ensuring that children are safely cared for so that people can get to work is vital as we continue our efforts to combat this deadly virus. Childhood experts are rising to the challenge and serving their country as asked.

In return, we must ensure that these extraordinary workers are protected and provided with the tools and guidance needed to safely perform their duties. Numerous studies have proven the effectiveness and impact of high quality child care. While this pandemic has certainly impacted our daily lives, we cannot simply toss aside years of research, evidence and efforts. We know that this crisis will have substantial impacts on the mental health of many, including that of children. Therefore, it is now more important than ever that we provide our children with services that excel in health, safety and quality.

In order to do so effectively and safely, child care and out-of-school professionals need to be considered part of a community's emergency management team, and should have similar supports such as training, resources, supplies and equipment. This includes access to cleaning supplies as well as personal protective equipment such as masks and gloves. It should also include program staff as essential workers, and provide them with the same employer supports as others on the front-line of this crisis, such as adequate health insurance, hazard pay, paid sick leave if they become ill or exposed, and where provided to other service workers, access to quarantine housing as necessary.

Get more information at:

- CDC: <https://www.cdc.gov/>
- American Academy of Pediatrics: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/guidance-related-to-childcare-during-covid-19/>
- State of Idaho: <https://coronavirus.idaho.gov/>



Planning and Coordination

Determining Need for Services

At the outset of planning to address child care needs, there are a number of essential questions that need to be answered to determine if a program is needed, and if so, if a particular provider is ready to open (or re-open if they have been closed). Please review the “Checklist to Reopen” in the Additional Resources section for a list of some of these questions.

All programs considering reopening will need to follow their state and local guidelines to ensure that they are allowed to reopen during this crisis:

- For school district information see: <https://boardofed.idaho.gov/resources/board-approves-criteria-for-schools-to-resume-normal-operations/>
- For child care and other business openings see: <https://rebound.idaho.gov/>

For centers providing services exclusively to hospital staff, the hospital human resources department should determine the need for services, ages of the children who need care, and establish a schedule in coordination with the child care provider to ensure appropriate and adequate staffing.

For programs serving a broader population, programs should prioritize slots for those children whose parents provide essential services, if demand for services exceeds the current supply. The list of businesses deemed essential in Idaho can be found in the *Statewide Stay at Home Order* found here: <https://coronavirus.idaho.gov/essential-services/>

For the majority of families, a parent or relative caregiver is already providing care for children but even these families need a backup in case a caregiver becomes ill. The benefits of children to be amongst their peers has long been recognized. However, during this time of a global pandemic, public health officials urge physical distancing to prevent the spread of disease. Therefore, our normal operations need to be modified. Those front line workers who have other viable child care options, including having the child stay with family at home, are encouraged to do so.

Family and Medical Leave Act (FMLA) & Families First Coronavirus Response Act (FFCRA)

Families should be informed of the Family and Medical Leave Act (FMLA) and the new and expanded leave policies provided by the Families First Coronavirus Response Act (FFCRA), which requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. The FFCRA includes up to two weeks of fully paid or twelve weeks of partially paid sick leave for coronavirus related issues, including for an individual who is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons. Further information including which employers are included under FMLA and FFCRA can be found at the US Department of Labor’s coronavirus website: <https://www.dol.gov/agencies/whd/pandemic>



Planning and Coordination Cont.

Partnering With Existing Providers, Schools and Community Organizations

In light of school closures, programs providing care for school-age children are often being asked to support the on-line/distance learning objectives of school districts. Programs will likely serve children attending different schools, and even different school districts, each with their own policies, procedures, and expectations.

Programs that offer academic support are encouraged to establish relationships with all of the schools that the children in their care would normally attend, and help staff to coordinate with parents around expectations, communication, passwords and on-line access. It is important that program staff understand which academic activities are required, which are optional, which have specific timing (such as for live-stream content) or equipment needs, and then build daily and weekly schedules to coordinate all of the students' various on-line/distance learning needs when possible.

For those districts implementing on-line learning, it is recommended that each student have access to a laptop or desktop computer and that devices are not shared between children other than siblings. Computers may be brought from home with the students or provided by the program, or a combination, so long as devices are assigned 1:1 to a child/family. Regardless, keyboards should be disinfected frequently, at a minimum at the start and end of the day, and before lunch and snack times. Programs will also need to plan for this when serving school-age children and ensure that adequate access to Wi-Fi and electrical outlets are available.

Children may have additional special needs that are not easily addressed in a program setting, and providers may also need to build partnerships with other community providers to meet the particular needs of any specific child. Because teachers and schools are still figuring this out there will need to be flexibility on all sides to promote what's best for the students.



Planning and Coordination Cont.



Coordination with Local Officials

Child serving organizations should be in contact with local officials throughout this public health emergency. Discussions with emergency management agencies, child care licensing, first responder organizations, hospital associations, healthcare coalitions and public health departments will allow for a greater understanding of the number of children that may need care. Further, these partnerships are vital to ensure open communication about priorities, as well as to inform changes in emergency response tactics and provide new information about the best practices for health and safety.

Planning Activities

While participating in on-line or distance learning will be an important part of each day for school age students, in most cases this is significantly fewer hours than a traditional school day. Program staff will need to establish a schedule for each student each day, meeting any specific timing needs for live-streaming or virtual class meetings, while also having time for shared recreation, enrichment and physical activity throughout the day.

It is important that staff consider how to have developmentally appropriate recreation and physical activities while maintaining distance between students and staff, as well as a balance of quiet and active periods and online/distance learning, while also keeping background noise to a minimum while students are on-line. It is also essential to limit the sharing of toys and learning materials, as each need to be disinfected between uses by different students. Consideration should be given to activities that support children's mental health and help build of social and emotional skills, especially those that address children's fear during this dangerous time.

Selecting and Preparing Facilities

Size and Location

It is essential that adequate space be available for the number of children to be served. Due to increased square footage requirements for social distancing, existing programs may not be able to implement these new recommendations. Further, existing programs may be shuttered or contaminated. Where it is not possible to utilize existing licensed space, vacant buildings be considered for emergency child care programming.

Depending on the size of the program, locations with large footprints, such as schools, churches, universities, convention centers, and sporting stadiums should be considered. These larger footprints will allow for children and staff to spread out and limit the interaction between the various groups of providers and children. As many of these buildings are government owned, it is recommended that state and local officials work directly with child-serving organizations. Consideration should be given to locations that are in close proximity to other essential service organizations - such as police and fire stations and hospitals. Identification of these spaces should be done in consultation with local officials to ensure they are best meeting the needs of the community. Further, child care licensing - and perhaps the fire marshal - will need to issue emergency licensure or provisional permits approving these new spaces. Close coordination with licensing agencies is of paramount importance.

All programs, including those using their own existing facilities should use the biggest classrooms and gymnasiums available, with one group per space, keeping in mind that a minimum of twelve feet should be kept between students' workspaces that allow six feet on either side of a staff passing between two students. When outdoors, groups should use the largest outdoor space available such as a large athletic field.



Check it Out!

Go to www.idahooutofschool.org or www.idahostars.org for information, training, resources, partnership opportunities and more!

Staffing

Education and Training

All staff should be educated on coronavirus basics, including the prevention of infection and spread of the disease, hand washing, hygiene, personal protective equipment, signs and symptoms of coronavirus infection. Staff should be required to take an online course that provides information on infectious diseases along with general health and safety within 48 hours of their first shift (please see list of resources for suggested training courses on the Idaho Out-of-School Network Website: www.idahooutofschool.org).

Health and Safety

Upon reporting to work, staff should be required to undergo a daily health check. Staff members who are sick with any illness, are exhibiting signs or symptoms of COVID-19 like illness, have tested positive for COVID-19 or suspect that they have been exposed to the virus should stay home, and adequate sick time should be provided to accommodate this need. In addition, a doctor's note may be required from those who are known to be immunocompromised or may be at significantly greater risk of complications of COVID-19, or have tested positive, before working (or returning to work) in a direct service setting.

Ratios and Group Size

The smaller the ratio the better. Guidance from the US Centers for Disease Control and Prevention (CDC) recommend limiting group sizes to a maximum of 10 people per room, 2 staff and eight children while still maintaining physical distancing guidelines of staying six feet apart. Children should be divided up into small cohorts and paired up with the same child care workers each day. When at all possible, school age students from the same family should be kept in the same room to lower the exposure that separate groups would incur. Class cohorts should stick together each day and limit interaction with other groups as much as possible. This will help reduce the spread of the virus and help prevent a center or program-wide outbreak.



Staffing Cont.

On Site Safety Officer

It is recommended that a position be established at each facility to provide oversight of health and safety practices. This position's primary duty is to ensure the safety of all staff and children at the facility. This includes both mental and physical health. The Safety Officer should have the authority to suspend any operations if doing so would be in the best interest of the health and safety of the staff and/or children. Further, the Safety Officer should be mindful of the mental health of the staff, and ensure staff are receiving adequate support and rest.

On Site Nurse or Healthcare Provider

Having an onsite healthcare provider is preferred. However, during this time of crisis, many healthcare providers have been called to service directly treating COVID-19 patients. Communities are encouraged to reach out to local community resources - such as the local public health department and/or local school district nursing staff to learn what resources may be available. In the absence of an on-site healthcare provider, it is recommended that programs utilize a combination of 1) an on-site staff who is responsible for ensuring an adequate supply of health and first aid materials on hand as needed for the specific children in their care (e.g. thermometers, EpiPens, Children's Benadryl and Tylenol, band aids, etc.) and 2) an on-call healthcare provider that they could reach quickly with any questions.

On Site Infection Control Staff

Having on-site infection control staff responsible for cleaning, sanitizing and disinfecting facilities and materials is optimal. This is above and beyond regular cleaning/janitorial services, and would include any shared spaces such as the entrance lobby, sick room, hallways and restrooms. To minimize exposure of students to additional people, classroom teachers should be responsible for disinfection within their own classrooms during the day, and provided with adequate supplies to do so.



Many local health departments have established coronavirus help/information lines, which may be an option.

- *Idaho COVID-19 Hotline dial: 1-888-330-3010*
- *Idaho Central District Health visit: <https://cdhd.idaho.gov/index.php>.*

Access Control

Denial of Entry

As part of the strategy to limit the spread of coronavirus, it is recommended that visitors to the program be suspended. Signs should be posted at the entry of the facility that clearly state only essential personnel will be admitted into the program space. Suspend all unnecessary visits and postpone non-essential activities. For a multiple use building, the program space must be clearly designated and not used by others in the building. For example, a school cafeteria may be utilized to prepare both meals for the students and staff, as well as for pick-up or drop-off meals for at-home students, but the meals should then be brought to the program space and handed off to be eaten in the classrooms. For those occasions when contractors or support staff need to enter the building, every attempt should be made to limit entry to one person at a time.

Pick up and Drop off

Parents should drop off and pick up children outside the building. Parents should call the program to let them know of their arrival and the children will be escorted in/out of the building. Sign in and sign out procedures should be handled in a way that minimizes transmission. Common items, such as pens or pencils should not be used. Where possible, have the staff member conduct the sign in and sign out - so that parents are not needlessly touching papers, pens, clipboards, etc. Where tablets are used, again the staff should sign the child in and out on behalf of the parents. If tablets or keyboards are used by multiple staff, they should be disinfected between each use. See the Additional Resources section for sample drop off protocol.

Exposure of Parents / Guardians

While parents start returning to work (or continue to work as an essential worker) it is possible that some parents/guardians will be exposed to the coronavirus while at work. Upon enrollment of the program, it is important for parents/guardians to identify at least two back-up adults that could pick up children. In the event that a parent is exposed or is suspected to have been exposed, the parent/guardian should not pick up the child from the program. Instead, one of the back-up adults should be used.

Transportation of Children

It is recommended that programs temporarily cease transporting children. Children should be transported by their parents or guardians to and from the child serving program.

Communication with Parents

Clear communications are essential to ensure that parents understand these policies. Parent handbook to set up the expectations and staff to talk with parents at check-in and check-out times, virtual meetings such as Zoom, Facebook live events during the day if they (photo release forms and liability forms) a few times per week.

Health and Safety

Sick Child

Programs should conduct a daily health check for all staff and children entering the facility (see Access Control section). Any child or adult that is experiencing signs or symptoms of illness should stay at home (see symptom screening questions under the Additional Resources section).

If an individual is discovered with signs or symptoms while at the program, they should be sent home as soon as possible. If possible, isolate the individual to limit exposure to others. If possible and available, place a facemask on the sick individual to limit the possibility of spreading the virus. Coughs and sneezes should be covered. Should a child show signs of illness, parents should be contacted for immediate pick up.

An isolation room to be staffed by an adult should be set up with separate access, for example near a back door, to contain the spread of any possible infection. We recommend that a cot be in this room, as some parents may not be able to immediately pick up the child.

Parents will be asked to come to this separate entrance to pick up the child showing symptoms. It is unknown how long the air inside a room occupied by someone with confirmed COVID-19 remains potentially infectious, so the isolation room should have windows that open to allow in fresh air. Improving ventilation in an area or room where someone was ill or suspected to be ill will help shorten the time it takes respiratory droplets to be removed from the air.

Ideally, a no-touch digital thermometer should be used to obtain temperature readings. If not available, other methods are permissible. For infants and young children, temperature can be taken by axillary (under the arm). For children over age four, temperature can be taken orally (under the tongue). Single use thermometers or individual plastic covers should be used on oral thermometers with each use or thermometers should be cleaned and sanitized after each use according to the manufacturer's instructions. Another option for children ages six months and older is an ear or forehead thermometer with a disposable cover that is changed after each reading. Temperature should not be taken rectally in a child care setting.

Emergency medical attention

If any child is experiencing: difficulty breathing, inability to keep down any liquids, chest pain or pressure, confusion or inability to awaken or bluish lips, staff should call 911 immediately and request emergency medical assistance.



Health and Safety Cont.

Hygiene

No unnecessary contact should be permitted. For adults, this includes hugs, shaking hands, patting on the back, any type of unnecessary touching. Hands must be washed frequently. All individuals should be discouraged from touching their eyes, ears, mouth and face. Hand washing with soap is preferred. Ensure all staff and children are washing hands for at least 20 seconds - scrubbing their fingers, under the fingernails and between the fingers. Increased hand washing is one key at slowing the spread of this virus. Hands should be washed frequently throughout the day, including: immediately upon drop off to the program, after any contact with bodily fluids, before and after playtime or any touching of toys, after any coughing or sneezing, before and after meal or snack time, when returning inside from any outside activity, before leaving at the end of the day. For occasions when soap and water are not immediately available, hand sanitizing products with at least 70% alcohol may be used. It is important to store hand sanitizer out of reach of children when not in use. Even after using sanitizer, hands should be thoroughly washed with soap and water as soon thereafter as possible.

Wearing of Masks

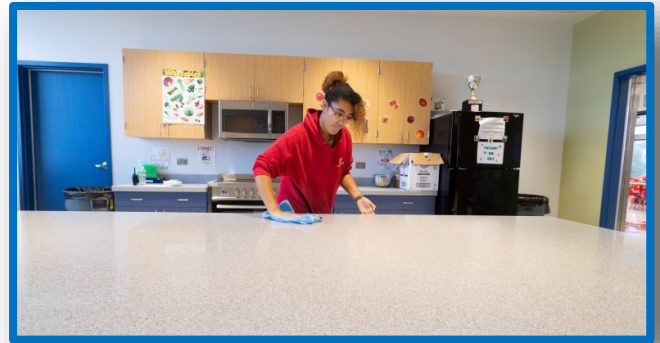
Individuals that are sick or expected to have COVID-19 should wear a facemask, especially if they are around other people. Simple surgical masks and cloth-based masks (like bandanas or handkerchiefs) can limit the spread of the virus if placed on a sick individual, as this will limit the water droplets expelled from their mouths. Currently, the research suggests that for masks - it is more about preventing people from spreading the virus than catching it.



Understanding how the virus is spread

Current research suggests that the virus is mainly spread through respiratory droplets. However, transmission is also possible by touching a surface or object that has the virus on it and then touching your mouth, nose, or eyes. Refer to the section on cleaning, sanitizing and disinfecting for more information.

Food Safety



Preparing meals on site

Preparing meals on site gives you the most control of your food safety practices. You will be able to monitor food handler health and hygiene to include frequent hand washing and no bare hand contact with ready to eat foods. Gloves are a good way to protect food but remember hands must be washed before putting on gloves and in-between tasks. A consideration with this approach is how to obtain food. Ideally, limiting the amount of time an individual is in spaces with more than 10 people is ideal. Therefore, consideration must be given to the number of trips taken to the grocery store. If food is delivered, care must be given when receiving the food. Keeping in line with other recommendations, try to limit the number of individuals entering the child care or afterschool program space.

Catering in meals

Should you have meals catered, it would be important to ensure the catering company has high standards for food safety during preparation, packaging, and delivery. Further, it is important that catering companies follow guidelines, such as not allowing sick staff to work - these are standard food safety precautions - but it is important to reinforce them during this pandemic. When delivering food, limit the movement of the catering staff – ideally keep them to just one area and maintain physical distancing of six feet. Entering through a back or side door into the kitchen, instead of walking through the entire facility is preferred.

Bringing food from home

Bringing food from home should be discouraged. During this pandemic, programs should limit the number of possible sources of contamination. Feeding children through onsite cooking or through catered foods is preferred. Further, those preparing food at home may lack proper food safety and hygiene training. A certified food handler or a food establishment with a valid health department permit will likely have better food safety and hygiene knowledge and experience.

Utensils and Plates

Do not share dishes, drinking glasses, cups, eating utensils. If possible, use disposable - single use - plates and utensils. If not possible, wash them thoroughly with soap and water using a three-compartment sink and dipping in a bleach solution then air-drying or put in the dishwasher immediately after use.

Cleaning and Disinfecting Considerations

Cleaning, Sanitizing and Disinfecting Defined

Cleaning refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. By removing the germs, it decreases their number and therefore the risk of spreading infection.

Disinfecting works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. Killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

- ♦ **Cleaning:** Cleaning physically removes germs, and dirt from surfaces of objects by using a mixture of soap and water. It doesn't necessarily kill germs but it reduces the amount of them. Cleaning come before sanitizing or disinfecting.
 - ◇ **What product to use?** Mix a teaspoon of dish soap in a spray bottle of water and use the solution to spray surfaces. Then use a paper towel to rinse and wipe away any residue that is remaining. If a cloth was used to clean the area, place in the laundry after use and do not use again before being washed. High frequency touch areas should be sanitized every 30 minutes if possible, if not then as frequent as possible during the day.
 - Clean/sanitize only when children are not in the vicinity to reduce the risk of their exposure to the cleaning chemicals.
 - Clean/sanitize toys more frequently, preferably after the children move on to a new activity, every 30 minutes if possible, or before another group of children play with the toys.
 - Remove toys that are not easily cleaned like stuffed animals, toys with cloth, pillows, etc.
 - Rotate toys out so that they can be cleaned frequently.
 - Clean the area once children are moved from the area, especially if a new group of children is going to use that same area.
 - Laundry should be washed frequently, including clothing, towels, any cloths used, soft toys, pillows, etc.



Cleaning and Disinfecting Considerations Cont.

- ♦ **Sanitizing:** Sanitizing is reducing the amount of germs or viruses on the surface of an object to a safe level by either cleaning or disinfecting the surfaces or objects. You can sanitize by cleaning or disinfecting the surfaces. Remember, sanitize means that the amount of the germs is at a safe level, not that the germs are completely gone or killed.
- ♦ **Disinfecting:** Disinfecting uses chemicals to kill germs and viruses on surfaces. It does not mean that it removes dirt or germs, it means that it kills the germs or viruses on the surface or object.
 - Do not use disinfectant on children's toys or any materials that they can put in their mouths. It is safe to sanitize the toys, but not to disinfect them.

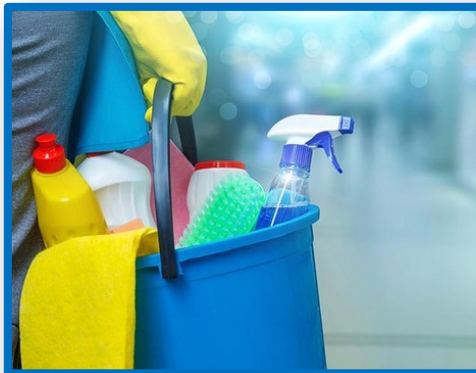
Products to Use

Before purchasing and/or using a product, please check the label for the EPA registration number is included on the list found in the links below. The products may have different names and branding, but if they contain the EPA registered disinfectant on the list below, they are recommended for use against the coronavirus. Follow the directions on the label for proper use.

This list can be found here: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Common disinfectants include:

- Disinfecting wipes (Clorox, Lysol)
- Disinfectant spray (Purell, Clorox, Lysol)
- Isopropyl alcohol
- Hydrogen peroxide



Disinfecting with Bleach

Bleach can also be used to disinfect, if appropriate for the surface. Be sure the bleach has contact with the surface for at least 1 minute. Prepare a bleach solution by mixing: 5 tablespoons (1/3 cup) bleach per gallon of water or 4 teaspoons bleach per quart of water. Keep the bleach solution, and all chemical, out of reach of children and stored safely away when not in use.

Cleaning and Disinfecting Considerations Cont.

Toys and other equipment

Individual toys should be used. Discontinue games or play that encourages the use of shared toys or equipment (such as crayons, footballs, basketballs, card games, board games, or puzzles). Toys with hard surfaces that are easily wiped down and clean are preferred. Soft materials, such as dress-up clothes or plush stuffed animals should be avoided. Avoid games that require close contact and/or touching. Shared experiences, such as water play tables or sandboxes, should not be used.

Ideally, each child will receive their own toy or, if older, computer/tablet. Individual toys/items, such as crayons can be brought with the child from home. Once the child has finished playing with the toy, it should be taken out of service for cleaning. Keep a designated bin for separating mouthed toys and maintain awareness of children's behaviors. When a child is done with a mouthed toy, remove it, place it in a toy bin that is inaccessible to other children, and wash hands. Clean and sanitize toys before returning to the children's area. In addition, clean and sanitize all toys at the end of the day.

When outside, the use of playground equipment is discouraged. Similarly, areas that contain surfaces that are touched by a lot of individuals, such as staircases, swings, monkey bars, etc. are discouraged. Consider having the children play in areas that are less likely to be contaminated and areas where children can spread out and maintain social distancing, such as large fields. Outdoor play time should be structured in a way that minimizes the mixing of student/teacher groups. Children should not be allowed to play with children from other classrooms.

Electronics

For electronics such as tablets, touch screens, keyboards, cell phones, or remote controls, remove visible contamination if present. Follow the manufacturer's instructions for all cleaning and disinfection of products. If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Phones should be treated as other high-touch areas and cleaned frequently. Don't use bleach. Avoid getting moisture in any openings, and don't submerge your device in any cleaning agents. Wash hands once done.



Additional Resources

Signs, Symptoms and Risk Factors

To keep facilities, staff, children, and communities safe, child care programs should ask families to answer the following questions:

- ◆ Have you tested positive for COVID-19?
- ◆ Have you or anyone in your household been tested for COVID-19?
- ◆ Do you or does anyone in your household think they could have COVID-19?
- ◆ Do you or anyone in your household (including children) have these symptoms or have been in close contact with anyone with these symptoms?
 - Fever
 - Cough
 - Shortness of breath
 - Sore throat
 - Diarrhea

If any of the above answers are yes, entry to the program should be denied.

Each child that attends the program will undergo a daily health check and be monitored throughout their stay for the following:

- ◆ Fever (this may be defined more specifically by licensing authorities)
- ◆ Shortness of breath
- ◆ Sore throat
- ◆ Fatigue, or being unable to participate in activities as normal
- ◆ Complaining of not feeling well
- ◆ Vomiting
- ◆ Abnormal stools such as diarrhea
- ◆ Runny nose or eyes
- ◆ Coughing

Checklist for Program Reopening

<input type="checkbox"/>	Does your program have an adequate number of trained staff currently employed or on furlough?	
<input type="checkbox"/>	Has your program met with legal counsel and addressed liability matters for staff and participants and whether the fiscal grantee or funders have indemnified the program?	
<input type="checkbox"/>	Does your program have adequate space to spread out to meet physical distancing requirements?	
<input type="checkbox"/>	Does your program have control over the cleaning of a space, or if partnering with another entity that does, is there an agreement about who will be responsible for paying for and conducting:	
	<input type="checkbox"/>	An initial deep cleaning and disinfecting of the facility unless it has been entirely empty for 14 days.
	<input type="checkbox"/>	Regular nightly cleaning, sanitizing and disinfecting of all spaces and materials.
	<input type="checkbox"/>	Daily disinfecting of regularly used surfaces.
<input type="checkbox"/>	Has your program determined that there is need in your community for care, either by surveying recent families enrolled in your program or working with a local essential services employer?	
<input type="checkbox"/>	Has your program spoken with your local health department or regional health department to determine what their requirements for reopening are?	

*Adapted from the Connecticut Afterschool Network: *Proposed Guidance for the Establishment of Emergency Child Care Services for the School-Age Children of Essential Workers During the COVID-19 Pandemic*



**Idaho
Out-of-School
Network**

Daily Checklist

Task	N/A	Completed	Date	Initials
Communication				
Post signs at entry and exit regarding avoiding ill people, covering cough, minimizing non-essential activities in the community, and frequent handwashing.				
Stay in regular communication with all parents, children, staff, and volunteers about steps everyone can take to protect themselves and prevent further spread.				
Provide staff and family means to contact facility for updates and concerns.				
Education and Preparation				
Educate staff and families about: <ul style="list-style-type: none"> 1. Signs and Symptoms of Covid-19 2. Hand hygiene 3. Reducing stigma 				
Review and update your emergency operations plan so that you can be best prepared for cases of COVID-19.				
Staff attend training on steps on controls to mitigate exposure, sanitation, procedures for health checks and program design.				
Control Measures				
Ask parents to check their children's temperature and ask staff to check their own temperature daily before arrival at child care.				
If temperature exceeds 100.4° or if a cough is present, advise parents to isolate their child at home and ask staff members to isolate at home.				
Symptomatic staff and children should self isolate and not return to the facility until 7 days after symptom onset OR 72 hours after their fever is gone and initial symptoms have improved, whichever is longer.				
Conduct health checks as children and staff enter the program. Record daily temperature in a confidential file for each child/staff. Do not allow the child or staff member to enter the program if they have a fever.				
Establish daily procedures for identifying and sending home children and staff who become sick. (i.e. determine where child will wait for parent, who will take child to meet parent).				
Choose activities that allow for more physical space between children. Do not play any sports that require team play.				
Increase frequency of cleaning, sanitizing and disinfecting your program spaces.				

Daily Checklist Cont.

Task	N/A	Completed	Date	Initials
Regular cleaning and wiping down of hard surfaces should occur at least four times per day. Tables should be wiped down before and after use (arts, crafts, study, meals).				
Children and staff will need to wash hands frequently. Includes washing hands when entering the program, before and after activities, before and after use of equipment, before and after meals, and before going home.				
Sanitize all materials (including pens) after use and before another person uses them.				
Do not use physical activity equipment that is shared between children. If equipment is used by an individual child, it must be sanitized before another child uses it.				
Establish and maintain hand hygiene stations stocked with either soap/water/towels or alcohol-based hand sanitizer with a concentration of at least 70% alcohol. This should be available outside as well.				
Staff and children will remain together over the course of the programming and not mingle with other groups/staff, even when playing outdoors.				
Each group will remain in a separate room.				
Set up rooms so the children are a minimum of six feet apart.				
Staff will remain with the same group of children over the course of programming.				
If families with multiple children are enrolled in programming, the children in a family must remain together regardless of age.				
Staff use separate bathrooms than children. Fixtures must be sanitized between uses.				

*Adapted from the YMCA: *Daily Checklist for All Camp Programs*



**Idaho
Out-of-School
Network**

Resource List

Government Officials & State Agencies

- CDC: <https://www.cdc.gov/>
- American Academy of Pediatrics: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/guidance-related-to-childcare-during-covid-19/>
- EPA: <https://www.epa.gov>
- State of Idaho: <https://coronavirus.idaho.gov/>
- Idaho Central District Health: <https://cdhd.idaho.gov/index.php>
- Idaho State Board of Education: <https://boardofed.idaho.gov/>

Program Considerations

- Afterschool Alliance: <http://afterschoolalliance.org/covid/>
- American Camp Association: <https://www.acacamps.org/>
- You for Youth (Y4Y)—Safety First : <https://y4y.ed.gov/blog/safety-first-protect-the-young-people-you-treasure>
- US Department of Health & Human Services (Office of Child Care): <https://www.acf.hhs.gov/occ/resource/occ-covid-19-resources>
- NAEYC: <https://www.naeyc.org/resources/topics/covid-19>
- YMCA of the USA: <https://www.ymca.net/>
- Boys & Girls Clubs of America: <https://www.bgca.org/about-us/Boys-Girls-Clubs-Response-to-COVID-19>
- 4H: <https://4-h.org/about/blog/covid19-youth-development-update/>

Resource List Cont.

Community, School, and Family Resources

- United Way of Treasure Valley: <https://www.unitedwaytv.org/covid-19-treasure-valley-community-resource-page>
- National Alliance on Mental Illness: <https://nami.org/Support-Education/NAMI-HelpLine/COVID-19-Information-and-Resources>
- National Association of School Psychologists: <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center>

Trainings

- CDC-Infectious Disease Epidemiology: <https://www.cdc.gov/healthyschools/bam/teachers/epi.html>
- ProSolutions -Infectious Disease Control: Kick Those Germs to the Curb!: https://www.prosolutionstraining.com/store/product/?tProductVersion_id=1389
- ProSolutions -Controlling Communicable Disease in Your Program : https://www.prosolutionstraining.com/store/product/?tProductVersion_id=1534
- AIR-AIR Communicable Disease Initial Course: <http://airchildcare.com/product/communicable-disease-recognition-initial-6-hour/>

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